ndiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	6/12/2008	Address:	LAWRENCE CO SHERIFF'S DEP
Case #:	33-28580		BEDFORD, IN
County:	<u>LAWRENCE</u>		<u>47421</u>
Type of Laboratory Seizure (check one)		Seizure Lucation (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☑ Other: Sheriff's dept
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Manhydrous Ammonia: OPEN ΔΙΚ			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _	er age 18 discovered (check one) (number present) eport to Child Protective Services		•
This report is to be faxed to the following agencies that serve the location:			
Fire Depart			OD DELIVERED
Health Department: <u>LAWRENCE CO</u>		Fax: <u>812-2</u> Fax:	
Child Prote	ection Service:		_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: JON PATRICK Phone 812-332-4411			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for recention.